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	Original Request #:
	Supplemental Request #:
	Date of Request:
Project Identification:	
Department:	
Division:	
Unit:	
End User:	Phone:
Supervisor:	Phone:
Program Manager:	Phone:
WC Coordinator:	Phone:
	Certification
consistent with this agency's cur technology infrastructure; that th Computing Policy; that the matte Section 4819.3 et seq. and are in	ector or designee, that the matters described herein are rent information management strategy and information ese matters comply with this agency's approved Workgroup ers described herein are subject to the provisions of SAM in conformity with the criteria and procedures for information and that the foregoing statements are true to the best of my
 Date	Bill Welty, Chief Information Officer

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## **Policy Compliance**

Proposed use of this workgroup computing product (system, hardware, software or associated items): [To be completed by the end user or supervisor.]		No
Will the use involve applications development that requires programming? (See definition of programming in SAM Section 4989.1.)		
Will this be used for the sole purpose of replacing a terminal or to emulate a terminal?		
Will this be used to upload data to databases used by persons outside the workgroup? (Exclude office automation and E-mail files from consideration.)		
4. Is this a specialized or dedicated single-purpose by persons outside the configuration for such applications as dedicated word processing, computer-aided design (CAD), desktop publishing, programmer workbench, or artificial intelligence; rather than a general-purpose configuration?		
5. Will this be used to process critical applications, as defined in SAM Section 4842.11?		
6. Will the use involve the creation and maintenance of files or databases that ser (a) more than a single work-unit within the agency, or (b) the entire agency?	⁄e	
7. Will the proposed configuration be used to provide direct public access to state databases by private sector organizations or individuals?		
Budgeting and Planning Requirements [To be completed by the manager and WC Coordinator.]		No
Will the acquisition of this workgroup computing product cause the estimates in the division's equipment allocation in this year's budget to be exceeded?		
Will a budget augmentation or revision be required to fund the acquisition or support of this workgroup computing configuration or product?		

If you answered yes to any of the above questions, special reporting requirements require approval of the Office of Information Services. Consult the Workgroup Computing Coordinator before proceeding.

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#### Section I—Functional Justification

[To be completed by the end user or supervisor, with technical assistance from the WC Coordinator]

#### Need

[Briefly describe how this workgroup computing configuration or product is expected to increase productivity or otherwise benefit the end-user, work-group, or agency management. Include both primary and secondary uses. Should the functionality of this acquisition require enhanced capabilities such as high-end microcomputers, RISC system, or large data storage capacities; such capacities must by justified in terms of the specific requirements of the proposed application. Should the request involve the acquisition or enhancement of local area network (LAN) or other shared commodities, include adequate consideration and justification for necessary technical support for installation, configuration, problem-determination, maintenance, backup, recovery and all other activities which would be in addition to those normally associated with stand-alone personal computers.]

#### **Alternatives**

[Summarize the alternatives to acquiring this workgroup computing configuration or product which have been considered, and briefly explain why each was not selected. This evaluation of alternatives need not be an exhaustive, detailed analysis, but should demonstrate that reasonable alternatives have been thoughtfully considered.]

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**Section I—Functional Justification (continued)** 

### **Confidential or Sensitive Information**

	Yes	No
<ol> <li>Will the proposed configuration be used to access, process or ste confidential information which is exempt form disclosure under the provisions of the California Public Records Act (Government Cooperations 6250-6265) or other applicable state or federal laws?</li> </ol>	ne	
2. Will the proposed configuration be used to access, process or stone sensitive information that requires special precautions to protect unauthorized modification or deletion?		

If you answered yes to either of the above questions, your proposal to use a workgroup computing system to maintain or access files containing confidential information must be certified by your agency's Information Security Officer.

## **Information Security Officer Certification**

As this agency's Information Security Officer, I have reviewed the proposed application that will access or maintain confidential or sensitive information through the use of the proposed workgroup computing configuration or products. I certify that adequate security precautions have been established and that the proposed application complies with all applicable security and confidentiality requirements included in the State Administration Manual.

Date	Edward J. Przepiorski, Jr. Information Security Officer

January 2004

## WORKGROUP COMPUTING

JUSTIFICATION FORM	Page 5 of 7 Original Request #:
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Section II—Technical Specification	1
To be completed by the end user or Coordinator.]	supervisor, with technical assistance from the WC
functional justification. For example, prices for each item should be includ Equipment Request will satisfy this re	ssary to accomplish the proposed uses described in the hardware model numbers, software version numbers and led as appropriate. (Attachment of completed Form 5 or equirement unless enhanced capabilities have been n which case describe how this technical specification will
	Supervisor Review
his workgroup computing configurations ustified in support of the accomplish	y responsibility for the individual or individuals who will use ion or product, I have determined that the acquisition is ment of unit objectives, and the individual or individuals r product will receive appropriate training.
(Date)	(Supervisor's Signature)
V	/C Coordinator Review
workgroup computing configuration on with our agency's approved Workgro	ing Coordinator, I have reviewed the proposed use of this or product and have determined the use to be consistent up Computing Policy and the Statewide Workgroup ecifications for hardware and software are consistent with
Date	William W. Fell, Workgroup Computing Coordinator

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### **Section III—Post Implementation Evaluation**

[To be completed by the end user or supervisor no later than six(6) months after installation of theworkgroup computing configuration or product.]

#### **Benefits Realized**

[Describe how this workgroup computing configuration or product has increased productivity or otherwise benefited the end-user, work-group, or agency management. Discuss improvements in job quality or quantity. Describe any functional benefits resulting directly from the use of the configuration or products that had not been originally anticipated.]

### **Unanticipated Problems and Problem Resolution**

[Describe any unanticipated problems associated with the use of the configuration or products and how those problems have been resolved.]

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Sectio	n III—Post Implementation Evaluation (continued)		
	Supervisor Review		
	manager who has supervisory responsibility for the individual or individuals oup computing configuration or product, I have determined that:	who use	e this
		Yes	No
1.	The acquired configuration or product continues to support the accomplishment of unit objectives;		
2.	The individual or individuals who use the configuration or products have received appropriate training;		
3.	The configuration or production are being used in compliance with this agency's approved Workgroup Computing Policy; and		
4.	The configuration or products are being used in conformity with all criteria and procedures for information technology prescribed in the SAM.		
Explai	n any no answers to the above questions.		
	(Date) (Supervisor's Signature)		